SOS APA Form 001

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTR	ATIVE	PROCEDURES	NOTICE	FILING
ADMINISTA	MIIVE	PROCEDONES	INCLICE	ILLIAO

ADMINISTRATIVE PROCEDUR	ES NOTICE FILING							
AGENCY NAME Mississippi Department of Education		CONTACT PERSON Cerissa Neal	TELEPHONE NUMBER (601) 359-3483					
ADDRESS Mississippi Teacher Center; P.O. Box 771		CITY Jackson		STATE MS	ZIP 39205			
EMAIL CNeal@mde.k12.ms.us	SUBMIT DATE 05/21/2013	Name or number of rule(s): Title 7: E State Process Review	ducation K-12,	Part 3: Policy 800)			
Short explanation of rule/amendmorequires that the Mississippi Department of changed the statue to allow the state to det more rigorous approval process, standards the NCATE/CAEP accreditation processes Development approved the proposal for the	Education (MDE) conduct ermine the schedule and pand procedures requiring and procedures 11, 2013, to the conductive transfer of	a review of all teacher preparation pro- procedure for the review process. A su- pan annual online reporting process, and the Commission on Teacher and Adr	ograms each y bcommittee wa nd site visits at ministrator Edu	rear. In 2012, the as formed to work a designated mid acation, Certificat	Mississippi Legislature k on formulating a new, d-point interval between			
Specific legal authority authorizing	the promulgation of re	Ile: Mississippi Code 37-3-2						
List all rules repealed, amended, or	suspended by the pro	posed rule: None						
ORAL PROCEEDING:								
An oral proceeding is scheduled	for this rule on Date	e: Time: Place:						
Presently, an oral proceeding is	not scheduled on this	rule.						
If an oral proceeding is not scheduled, an oraten (10) or more persons. The written requenotice of proposed rule adoption and should agent or attorney, the name, address, email comment period, written submissions includ	st should be submitted to to include the name, address address, and telephone nu- ing arguments, data, and vi	the agency contact person at the above , email address, and telephone number wber of the party or parties you repres	e address withir r of the person ent. At any tim	n twenty (20) days (s) making the rec ne within the twe	s after the filing of this quest; and, if you are an nty-five (25) day public			
ECONOMIC IMPACT STATEMENT	•				-			
Economic impact statement not required for this rule.								
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propo New i Amer Reper Adop Proposed fin	PROPOSED ACTION ON RULES on proposed: New rule(s) Repeal of existing rule(s) Adoption by reference oosed final effective date: 30 days after filing PROPOSED ACTION ON R Date Proposed Rule Filed: X Adopted with no changes Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed final effective date: Effective date:		02/26/2013 nanges in text ges ace				
		(specify):	X 30 d	lays after filing				
Printed name and Title of persor Signature of person authorized t		ules: Cerissa Neal, Director		er (specify): r Licensure				
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE FICIAL FILING STAMP	5	MAY 2 1	2013 SIPPI			
Accepted for filing by	Accepted fo	or filing by		for filing by	OF STATE			